



Empowering CHWs to accelerate progress towards Universal Health Coverage
First HIFA discussion on CHW Guideline, 1 June to 14 July 2019
Recommendations 1-5
SELECTED HIGHLIGHTS

Background to discussion: <http://www.hifa.org/news/who-hsg-hifa-collaboration-empowering-community-health-workers-accelerate-progress-towards>

WHO CHW Guideline (Full Version) <https://www.who.int/hrh/resources/health-policy-system-support-hw-programmes/en/>

WHO CHW guideline (Selected Highlights): <https://www.who.int/hrh/resources/hw-programmes-selected-highlight/en/>

Metrics: We had 153 contributions from 40 members in 17 countries (Bangladesh, Egypt, Eritrea, Germany, India, Jordan, Kenya, Liberia, Nigeria, Pakistan, South Africa, Switzerland, Tanzania, Uganda, UK, USA, Zambia). All inputs below are direct verbatim quotes, selected from the Long Edit. To see each message in full including HIFA profile, click on the name of the author. Click [here](#) for the full transcript.

Please note the extracts below are intended to give a flavour of the diversity of views, and have been selected by the HIFA moderator for the purpose of stimulating further discussion and debate. They are not necessarily representative of the discussion as a whole. For an overview of the whole discussion, including profiles of all contributors and citations, see the [Long Edit](#).

What are your thoughts on the Guideline?

Moderator: 'Recognising that in many cases the certainty of the evidence is low or very low, and considering that the most appropriate strategies may vary by context, the vast majority (14/18) of the recommendations are 'Conditional.'

Comments on the Guideline

Flata Mwale, Zambia: 'I personally feel if adopted by nations, the guidelines will serve both the objective of the health systems as well as well as act as a protective and empowerment document to the CHWs who in my opinion have been abused by the system as well as we the health providers.'

Global community health care efforts and discussions should give equal or more attention to other health practitioners.

Massimo Serventi, Uganda: 'Let's concentrate efforts and support (\$) to the current health workers, those with a uniform, with drugs to prescribe... After all they 'belong' to the community not less than CHWs, moreover they are regularly paid by their governments through tax collection. They are sustainable and long lasting...not certainly the CHWs.'

Sian Williams, UK: 'I do wonder where is the equivalent discussion, given the very welcome new attention to primary care and the value of CHWs, to family physicians and diagnosticians?'

Recommendation 1: Selection criteria

Sunanda Reddy, India: 'Our preselection criteria included a grid which looked at 3 categories, viz. ESSENTIAL (basic cognitive skills, language proficiency, high school education, an understanding of local community, and an interest/ willingness to learn), DESIRABLE (pleasant/cheerful personality, good communication skills, graduation, being a resident of the area or a place close by) and OPTIONAL (previous work experience, helping a friend or a family member with disability).'

Literacy level should not be a strict criterion

[Anbreen Slama-Chaudhry, Switzerland](#): 'Literacy level should not be a strict criteria.'

[Sunanda Kolli Reddy, India](#): 'Stringent selection criteria do not necessarily translate into quality work in the overall picture when it comes to Community based work.'

[Nicholas Cunningham, USA](#): 'CHW selection must include community input, so as to ensure that they are inherently caring, linguistically and socially acceptable... Other selection criteria like trainability, capacity to overcome superstition and habit, and ability to accept supervision and literacy should be the purview of health professionals.'

[Marion Subah, Liberia](#): 'These [illiterate] women had even taken what they learned and applied them in such extraordinary ways that proved to be more effective and were making unimaginable progress in improve health and transforming their communities.'

[Rebecca Furth, USA](#): 'I think the question is not can CHWs, with variable levels of education, be trained and perform, but how do we maintain the dynamism and diversity of CHWs as programs formalize?'

Recommendation 2: Duration of pre-service training

There is no standard recommended duration of training across countries

[Moderator](#): 'The Guideline... does not propose any minimum or maximum lengths of pre-service training, with the implication that there may be contexts in which a few hours or several years, or anything in between, may be appropriate.'

Example: Duration of CHW training in Nigeria

[Joseph Ana, Nigeria](#): 'In Nigeria, the CHW training curriculum and duration is designed to produce CHW capable of running the PHCs [primary healthcare centres] ... Junior community health extension workers (JCHEW) receive about two years training in the school/college of Health Technology then the next higher cadre, the CHEWs...'

Example: Duration of CHW training in Kenya

[Stephen Okeyo, Kenya](#): 'Training runs over a period of 6 months, implemented in a 3 phased approach, over a total of 30 days comprising 40 hours per week. It has a sandwich of 80 hours of community practice between the first two phases. Thus training involves 240 theoretical session contact hours and 160 hours of community partnership practice... Training of CHVs [*community health volunteers*] takes six weeks.'

Recommendation 3: Competencies for pre-service training

The Guideline counters previous calls for international standardisation

[Moderator](#): 'The Recommendation [states] 'it is not possible to standardize the scope of pre-service education and contents of curricula'. This is in stark contrast to some of the HIFA discussions we have had in previous years, where many (not all) HIFA members have advocated for standardisation of the CHW curriculum.'

[Sunanda Kolli Reddy, India](#): 'Given the heterogeneity of the building blocks of Health Systems... I feel a standard curriculum can at best be planned for a country.'

Specialisation

[Stuti Chakraborty, India](#): 'CBR/CBID [community based rehabilitation/community based inclusive development] programs are growing increasing importance across LMICs [low- and middle-income countries] with CHWs at the heart of this community based approach. **They are not only helping in

crucial aspects of providing rehabilitation but also in identification, screening and prevention of further disabilities among individuals.'

[Joseph Ana, Nigeria](#): For service delivery, 90% of deliveries at the PHCs were conducted by CHEWs. An assessment of the knowledge and skills of the CHEWs showed that 70.3% of them had some basic theoretical knowledge of midwifery, but only 31% could correctly assess foetal well-being.

[Moderator](#): 'I am impressed - and daunted - by the huge diversity of roles that CHWs can potentially play in primary health care, and the evidence that supports this.'

Recommendation 4. Modalities of pre-service training

Note: There was a lack of contributions on this topic which we shall seek to address in the upcoming discussions.

[Sunanda Reddy, India](#): 'I am herewith sharing an evidence-based policy brief from a project (ANCHUL) by IIPH Delhi, (PHFI) where the team adopted principles of Implementation research to identify optimal approaches for a particular setting with the principal objective to develop intervention targeted towards ASHA workers (CHW) for improved processes to optimize or enhance their work performance. https://phfi.org/wp-content/uploads/2019/06/anchul_4_page_policy_brief-23_nov_1_pm_R.pdf

Recommendation 5: Competency-based certification

Certification is important

[Joseph Ana, Nigeria](#): 'In Nigeria the CHW/CHP are trained in the schools and colleges of health technology... their certificates are interchangeable in practice should the CHW move from one state to another.'

[Amelia Plant, Egypt/USA](#): 'Certification is important to formalizing the CHW profession, raising CHWs profile/perceptions of legitimacy among other healthcare workers and providing them a foundation for career advancement.'

Some comments in this first discussion related to Recommendations 6-12 and are not included above. They will be transferred to Discussion 2.